

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS O4 OCT 25 PM 2:

CANDIDATE COMMITTEE 2: COVER PAGE 67. CL P. COLOR COLO

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	Novers From: 8 83 04 to 10 17 04
1. Committee I.D. Number 137330 2. Committee Name Committee to Elect Nicola Hawatmeh	4. Candidate Las Hawa 4a. Office Sought I. Court 4b. County of Resident	atmen Nicola I. notuding District # or Community Served (If applicable) Ity Commissioner Districts dence Macomb
5. Committee's Mailing Address 32047 VEQUS DV Wayven XII 48093 Area Code and Phone 586-871-6522 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		e & Residential Address Nicola Hawatneh 32047 Vegas Dr. e (586) 871. 6522 Warren, MI 48093
7. Treasurer's Business Address 32647 Vegas Dr Warren, JUL 48093 Area Code and Phone (586) 871-6522	Designated Record Designated Record Area Code and Photographics	ord keeper's Name and Mailing Address (If the committee has a likeeper) Nicola Hawalmeh 32047 Vegas Dr 46693 one (586, \$71-6522
9. TYPE OF STATEMENT		9c. Annual Statement (Coverage Year)
9a. Pre-Election OR 9b. Post Pre-Election or Post-Election Statement relates to: Primary		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee
☐ Convention ☐ Scho	•	Effective Date of Dissolution
Date of Election, Convention or Caucus Month Day Year	cus	Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e if any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statemen	ill required Campaigr xpenditures, and out anged since the infor ny this Campaign Sta it, that campaign st	Statements. The Campaign Statements must include all applicable standing debts count against the \$1,000 Reporting Waiver threshold. mation was shown on the committee's Statement of Organization, an atterment. If a request for a Reporting Waiver is not received on or attement cannot be waived.
10. Verification: I/We certify that all reasonable diligence was unylour knowledge and belief the contents are true, accurate	ised in the preparation	n of this statement and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper Type or Print Name	ch / M	Charactery Date (0 20 04)
Candidate Niwla Hawameh Type or Print Name	, Signatur	to Hawather Date 10 20 04
Authority granted under P.A. 388 of 1976		



1. Committee I.D. Number 137330 2. Committee Name C, T. E Nicola Hawalmel

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4432.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	,
c. Subtotal of "Contributions"	(3c.) \$ 4,432.00	(18.) \$ <u>4432.00</u> (19.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4,432.00</u>	(20.) \$ 15,079.45
IN-KIND CONTRIBUTIONS & EXPENDITURES	4 2 2 4	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$\frac{1}{4}\$ 200.00	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	11	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$ 8,501.40	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$ 8501.40</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)) 0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$5,825.36	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Inc. 5. Teste Contribution 2.0 Per Paccinto)	(14.)+ \$ \$ 4,43Q.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$ 10, 257.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$ 8501.40	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$ 1755.60 .	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number

137330

CANDIDATE COMMITTEE	2. Committee Name	C.T.EN	icola Hawalme
Enter contributor's name and address. If contribution is from an individua niddle initial. Check box to indicate if contribution is from a Political Com Committee. (PAC) Report <u>all</u> contributions from committees regardless of	mittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	o.) and and	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/31/04 Name: Macomb County Republican Party Address: 48/29 Van Dyke Shelby Township, MI 4837 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct	# 750.00	#1,000.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/31/04 Name: C.T. & J.M. Carabelli Address: \$\frac{54077}{0000000000000000000000000000000000	[#] 100.00	#100.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 9/1/64 Name: Terri Lynn Land Address: 79\$5 Byron Station C7 Sw Byron Center, MI 49315 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan, from a person Fund Raiser	#100.00	# 100.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9/4/64 Name: Nicola Hawaynch Address: 32v47 Vegas Dr Warnen Li 48093 5. If over \$100.00 cumulative, please provide: Occupation Candidate Employer Business Address 3047 Vegas Dr Warlen 48093 Type of Contribution: Direct Loan from a person Fund Raiser	# 625.00	# 625.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1575.00	

Enter this total on line 3 of Summary Page.

Page \int of $\overline{7}$



1. Committee I.D. Number 137330

2. Committee Name C.T. E Nicola Hawatnach

GANDIDATE COMMITTEE		***************************************
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/04 Name: Havey Dean Address: 30500 Van Dyke Ade Warren, M. + 1693 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Self Business Address 30500 Van Dyke Warren 48093 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/04 Name: Mike Rint2 Address: Cambridge Dr Warren, M 48093 5. If over \$100.00 cumulative, please provide:	70,00	125.00
OccupationEmployer	# 70,00	\$70.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/04 Name: Evgene Sawyer Address: 37332 Cambridge Dr Warren, M 18093 5. If over \$100.00 cumulative, please provide: Occupation Refrica Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	# 70.00	#145,00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name: Dennis Buchholf 2	# 291.00	#56,00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 501.00	

Page 2 of 7



Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 18/14/04 Name Chayles Pierce Address: 39223 Canker bury Harrison To winship ul 48045 5. If over \$100.00 cumulative, please provide: Occupation Clerk Employer Harrison Township Business Address 38/5/ Lan Se Crevse, Harrison Twp 48045 Type of Contribution: Direct Loan from a person Fund Raiser	# 80,00	# 135.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/0 4 Name: Mike Un Address: 20425 Carfield 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	#42.00	97.00
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/14/04 Name: Many Kamp Address: 26830 Wexford Warren, MI 4809/ 5. If over \$100.00 cumulative, please provide: Occupation Counci Woman Employer Warren Chy of Business Address 5460 Arden, Warren MI 48093 Type of Contribution: Direct Loan from a person Fund Raiser	#60.00	# 165.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/04 Name: MIKE WIECEK Address: 321/6 VCAS DCAS 5. If over \$100.00 cumulative, please provide: Occupation COUNCIMAN Employer Warren Business Address 5460 Arden, Warren, Ul 48093 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 70.00	# 180,00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	252.00	

 $_{\text{Page}}$ of $\frac{3}{7}$



Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/04 Name: MWha WCarhy Address: 32443 Newcast let 48093 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	\$26,00	\$ 25,00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 / 14/64 Name: Keth Sadowski Address: 4759 Hayman 48092 5. If over \$100.00 cumulative, please provide: Occupation Councilman Employer Worren Business Address 5460 Arden Warren M 48093 Type of Contribution: Direct Loan from a person Fund Raiser	\$58.00	# 113,00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/87 Name: C. T.E. Cavolan Mocer; Address: 8634 Ednas Warren, MI 4809 2 5. If over \$100.00 cumulative, please provide: Occupation Council Woman Employer Warren Business Address SHOU Arden Warren, MI 48093 Type of Contribution: Direct Loan from a person Fund Raiser	#48,00	\$ 103.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/11/60/ Name: Scoff Stevens Address: 8/06 Farn M 4(1)93 5. If over \$100.00 cumulative, please provide: Occupation Crty Employee Employer Crty of South Field Business Address Type of Contribution: Direct Loan from a person Fund Raiser	4100.00	\$165.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	# 231.00	

Page 4 7



1. Committee I.D. Number	137338	
2. Committee Name	TIE Nicola	Hawalmeh

GANDIDATE COMMITTEE		7
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/84 Name: Dan Memyk Address: 26727 Nauport Warren, 11 4/8691	#	# 265,00
5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address	\$ 100,00	265,00
Type of Contribution: Direct Loan from a person Life Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/64 Name: A 2/2 Harb Address: 25033 Anchorage Harnson Township, UI 48045 5. If over \$100.00 cumulative, please provide:	#100.00	#
Occupation OWN Cr Employer Golden Donuks Business Address 34155 Harper ClinhonTwp, W1 48035 Type of Contribution: Direct Loan from a person Fund Raiser	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	300,00
3. Contribution #3 / PAC Receipt? YES 4. Date of Receipt 10/19/64		
Name: Beverly Bezrutzh		
Address:	# 1000	A
5. If over \$100.00 cumulative, please provide: Occupation Teacher Employer Detroit Public Schools	#135,00	#190.00
Business Address 6291 W. Fort St Detroit, M 48209 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/14/64		
Address: 1/353 Meadowbrook	#	H H
5. If over \$100.00 cumulative, please provide: Occupation Data Anglyst Employer EDS	~100,00	265.00
Business Address 800 Tower Or Ne Troy M148098 Type of Contribution: Direct Loan from a person Fund Raiser	,	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	435.00	

Page <u>5</u> of <u>7</u>



1. Committee I.D. Number 137330 2. Committee Name C. T. E NI co la Hauralmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/14/64 Name: Jared May Nard Address: 1/634 Varan C In Food Township MI 48035 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	\$ 35.00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/64 Name: Shela Romanik		
Address: 30517 Pinto 11 48693 5. If over \$100.00 cumulative, please provide:	35,00	#90.00
OccupationEmployer	00700	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? PYES 4. Date of Receipt 10/2/04 Name: Michigan Realtor'S PAC Address: 36800 Granot Ave. 5. If over \$100.00 cumulative, please provide:	\$1 250.00	4 250,00
OccupationEmployer Business Address		ł
Type of Contribution: Loan from a person Fund Raiser		
OccupationEmployer	\$ 638.0D	\$ 2930.45
Business Address 3 204 7 Vegas Warren, W1 48093 Type of Contribution: 4 Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	958.00	

Page 6 of 7



1. Committee I.D. Number 137335
2. Committee Name CT. E. NICELA Hawatmeh

OANDIDATE COMMITTEE		7000 007.00
Enter contributor's name and address. If contribution is from an Individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/04 Name: David Dishaw Address: 1431 Meadowiew St Grand Rapids 21 49509 5. If over \$100.00 cumulative, please provide:	\$ 100.00	\$ 100,00
OccupationEmployer	'	, , , , , , ,
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/16/04 Name: Dan Homa Address: 7955 Byron Station CT SW, 19400 Center, WI 49315 5. If over \$100.00 cumulative, please provide:	\$ 100.00	£ 100.00
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/16/04 Name: Ron Michale Address: 29535 Palomino MI 48093 5. If over \$100.00 cumulative, please provide:	\$ 20,00	4 20,00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/16/64 Name: Jean Uhl Address:	#_	#
5. If over \$100.00 cumulative, please provide:	70.00	180.00
Occupation <u>Rehred</u> Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	290,00	
A	4432.00	

Page $\frac{7}{2}$ of $\frac{1}{2}$



Page _____ of ______

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee 1. D. Number 137330
2. Committee Name C.T. E. Nicola Hawahneh

Page

CANDIDATE COMMIT			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name Naby Hawahmeh Address: 32047 Vegas D Warren, M1 -/1893 If over \$100.00 cumulative, please provide: Occupation: Director Employer: Medilage of Sterling Business Address: 1415/ ISM/e St H/3 4832 4 Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Food For Fundwayser 5. Date Of Receipt: 10//3/64 6. Vendor Name & Address: 60 rdsn Food Service	# 200,00	\$ 200,00
Contribution # 2 PAC Receipt? Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? Yes Name Address: If over \$100.00 cumulative, please provide: Occupation:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description		
Employer: Business Address:	Date Of Receipt: Vendor Name & Address:		
Fund Raiser Contribution			
,	Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	ZOO. OD Enter this total on line 6 of Summary	



ITEMIZED EXPENDITURES **SCHEDULE 1B**

CANDIDATE COMMITTEE

1. Committee I. D. Number____137330 2. Committee Name C. T. E Nicola Hawahneh

3 Name and address of names as a second set			
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1		+	
Name Moumb Gunty Clerk Address 40 N. Main 1st Floor	Purpose: Late Fee	aizhu	25.00
Address 70 N, Main 1St Floor	•	175/07	20,00
Mt. Clemens, Ul 48043	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Triangle Printing Address 30520 Grahot	Purpose: Walking Palm Cards		
Address 30520 Grahot		9/12/11	296.80
Raseville, MI 48066	Check box if this expenditure is payment of	1/1/1/07	2/8/00
Fund Raiser /	debt or obligation reported on previous statement		!
Expenditure #3		 	
Name Triangle Printing	Purpose: Printing-Mayler	- 1 - 1 - 1 - 1	# 764.26
Address 30506 Gratiot		9/28/04	764.26
Address 30500 Gratiot Roseville, U148066	Check box if this expenditure is payment of		, , , ,
Fund Raiser	debt or obligation reported on previous statement]	
Expenditure #4		 	
Address 30520 Gratiot Roseville, UI 48066	Purpose: Printing-Mayler		4
Address 30520 Gratiot		9/30/04	1060,12
Roseville, MI 48066	Check box if this expenditure is payment of debt or obligation reported on previous		!
☐ Fund Raiser	statement		
Expenditure #5			
Name Munhattan Mallers Address 5/132 Milano Dr Macomb 1148042	Purpose: 1st Mayler	00.1	ı V
SUZZ Milano Dr	Turpose. 10 / 10 / 10	7/30/04	1926.04
Address 0// 32 (100/100 d)		'	1926,04
Fund Raiser	Check box if this expenditure is payment of		
L I unu Naisei	debt or obligation reported on previous statement		
			4/1/27
	Subtotal thi Grand Total of all Sched	s page	4014.22
	(Complete on last page of Sc	hedule)	

Enter this total on line 8a of Summary Page

Page 1 of <u>3</u>



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES

1. Committee I. D. Number_

137338

SCHEDULE 1B		175	41 / 11	
CANDIDATE COMMITTEE	Committee Name	C.1.E	Nicola Hau	vatmer
· · · · · · · · · · · · · · · · · · ·				

2 Name and address 5		<u> </u>	
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1		<u> </u>	
Name Sawicki & Son	Purpose: Slans		#
Address 1571 Cal La hallotte	J	10/1/04	422.68
Deivoit, MI 48216	Check box if this expenditure is payment of debt or obligation reported on previous statement		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Expenditure #2	. [] []		
Name Triangk Hinning	Purpose: Walking Cards		
Address 30520 Grahout		10/4/64	171,43
Name Triangk Prinhing Address 30820 Grahoit Reserver, MI 48066	Check box if this expenditure is payment of debt or obligation reported on previous	7"	
Fund Raiser Expenditure #3	statement		
Name Manhattan Marlers	Purpose: Mailing		4
Address 5/132 Milana		10/01/1	584.02
Address 51132 Milano Macomb, MI 48042		14/7/04	584.02
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	2011		
Name Triangle Printing Address 30520 Grahot Rosewille MI 48066	Purpose: Prinking Flyers		<i>u</i>
Address 2050 Grahof		10/14/14	143,10
Dogwille 111 48066	Check box if this expenditure is payment of	1777/01	110,10
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5		<u> </u>	
Name Paw Graphics Address GH New St.	Purpose: Typesething Flyer] !	#
Address 64 New St.		10/14/04	# 143,96
Fund Raiser H. Clemens, W1 48043	Check box if this expenditure is payment of debt or obligation reported on previous statement	, ,	, , , , , ,
	Cubtatal thi	5 naga	1465,19
	Subtotal thi Grand Total of all Sched (Complete on last page of Sc	ules 1B	1100111

Page 2 of 3



ITEMIZED EXPENDITURES **SCHEDULE 1B**

CANDIDATE COMMITTEE

1. Committee I. D. Nur	mber	137330		
2. Committee Name	CITIE	Nicola	Harris	Lord

Expenditure #1 Name Triangle Printing Address 3050 Gratiot Roseville, MI. 48066 Fund Raiser Expenditure #2 Name Manhattan Mallers Address S1/32 Milano Fund Raiser Expenditure #3 Name C.T.E Charles Pierce Address 37223 Canterbury Harrison, Twp, MI 48045 Fund Raiser Expenditure #4 Name Right to Life Mt Address A346 Parterst Sw Grand Raiser Expenditure #4 Name Right to Life Mt Address A346 Parterst Sw Grand Raiser Expenditure #5 Name Western American Mallers Purpose: RTL Mailing Purpose: RTL Mailing #4 Purpose: RTL Mailing Purpose: RTL Mailing Purpose: RTL Mailing #4 Purpose: RTL Mailing	3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you		
Purpose: Printing of Maller Purpose: Purpose: Purpose: Purpose: Malling Purpose: Purpose		may assign an Expenditure Code)	5. Date	6. Amount
Purpose: Fund Raiser Expenditure #2 Name Manhaffan Mallers Address 5/1/32 Milano Musomb, MI 48042 Fund Raiser Expenditure #3 Name C.T.E Charles Pierce Address 37223 Canterbury Harrison, Twp, MI 48045 Fund Raiser Expenditure #4 Name Right to Life Mt Address 34/40 Porterst Sw Grand Rapds, MI 495/9 Fund Raiser Expenditure #5 Name Western American Mallers Address 55/0 Thirty Third 5E. Grand Raiser Check box if this expenditure is payment of debt or obligation reported on previous #4 Normal Raiser Crand Raiser Crand Rapds MI 495/2 Check box if this expenditure is payment of debt or obligation reported on previous #4 Normal Raiser Fund Raiser Expenditure #5 Name Western American Mallers Grand Rapds MI 495/2 Check box if this expenditure is payment of debt or obligation reported on previous #4 Normal Raiser Fund Raiser Fund Raiser Fund Raiser Furpose: List Rendal O/17/04 S.5.1 Check box if this expenditure is payment of debt or obligation reported on previous Solve Raiser			T .	
Purpose: Fund Raiser Expenditure #2 Name Manhaffan Mallers Address 5/1/32 Milano Musomb, MI 48042 Fund Raiser Expenditure #3 Name C.T.E Charles Pierce Address 37223 Canterbury Harrison, Twp, MI 48045 Fund Raiser Expenditure #4 Name Right to Life Mt Address 34/40 Porterst Sw Grand Rapds, MI 495/9 Fund Raiser Expenditure #5 Name Western American Mallers Address 55/0 Thirty Third 5E. Grand Raiser Check box if this expenditure is payment of debt or obligation reported on previous #4 Normal Raiser Crand Raiser Crand Rapds MI 495/2 Check box if this expenditure is payment of debt or obligation reported on previous #4 Normal Raiser Fund Raiser Expenditure #5 Name Western American Mallers Grand Rapds MI 495/2 Check box if this expenditure is payment of debt or obligation reported on previous #4 Normal Raiser Fund Raiser Fund Raiser Fund Raiser Furpose: List Rendal O/17/04 S.5.1 Check box if this expenditure is payment of debt or obligation reported on previous Solve Raiser	Name Triangle Prinning	Purpose: Trinhing of Mailes		
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Colleged	Address 30500 Can hat		1, , ,	#
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Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

 $_{\text{Page}}$ 3_{of} 3_{of}



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 137330

2. Committee Name CTE Nicola Hausa track

OANDIDATE OF	2. Com	imittee Name C, 177 /0	10010 Hawainer
	- USE A SEPARATE SH	EET FOR EACH EVENT	M
3. Date Event Was Held 10 13 04 Month Day Year	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held Hawa mah \$ 2047 Uc. Private Residence ware
7. Total Contributions	# 1739.	00	
8. Other Receipts			
9. Gross Receipts (Add lines 7	and 8) # 1739	.00	
10. Total Cost of Event (Total Cost includes In-Kind Co and All Expenditures Made Fo)	
11. Check if event was a jo	oint fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	-		
			
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The committee is requiperiod covered by the Committee	red to file a separate Fund Raise Campaign Statement.	er Schedule for each fund raisin	ng event held during the
 Receipts and expenditus Schedule (1A), Itemize 	ures listed on a Fund Raiser Sch d In-Kind Contributions Schedul		
Summary Page.Each committee that page.	articipated in a joint fund raiser n	nust file a Fund Raiser Schedul	le for the event.
Page of	· •		